

THE SALVATION ARMY
REFERRAL FOR THE SALVATION ARMY SOCIAL SERVICES DEPARTMENT

Please Fax the Referral to 810-984-2885 (church)

Casework Hours: TUESDAY 12:00-3:00 (NO EXCEPTIONS)

Date: _____ Clients Phone number: _____

Client Name: _____

Number of Adults in Family: _____ Number of Children in Family: _____

Type of Referral (please check a need and a reason)

- | | |
|--|---|
| <input type="checkbox"/> CLOTHING
<input type="checkbox"/> Job/Interview
<input type="checkbox"/> Fire | <input type="checkbox"/> FURNITURE/HOUSEHOLD GOODS
<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Other Emergency: _____ |
|--|---|

Most pressing need (please be specific): _____

Referring Agency & Contact name: _____

Referring Contact Phone number: _____

Referring Contact Email address: _____



**DOING
THE MOST
GOOD™**

The Salvation Army Corps Community Center (Citadel)
2000 Court Street
Port Huron, MI 48060
Phone: 810-984-2679
FAX: 810-984-2885

Casework Hours: TUESDAY 12:00-3:00 (NO EXCEPTIONS)

Referral only valid for 2 weeks from date issued

I understand that I am to present this to the Caseworker at The Salvation Army at the designated times above.
Only valid 2 weeks from issue date.

Clients Signature: _____ Date: _____

Please fax referral along with your internal referral form to The Salvation Army Thrift Store.
ALL REFERRALS MUST BE PRE-FAXED FOR CLIENT TO RECEIVE SERVICES
REFERRAL DOES NOT GUARANTEE GOODS OR SERVICES